

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

02 -- 0 19

2. STATE:

MAINE

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR

HEALTH CARE FINANCING ADMINISTRATION

DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE(S)

10/01/02

5. TYPE OF PLAN MATERIAL (CHECK ONE):

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

7. FEDERAL BUDGET IMPACT:

a. FFY 03 \$ 0

b. FFY 04 \$ 0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

ATT. 4.19 B (18 F) PP. 5

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):

SUBJECT OF AMENDMENT: WHEN HOSPICE SERVICES WERE ADDED AS A COVERED SERVICE TO THE STATE PLAN THE REIMBURSEMENT METHODOLOGY WAS NOT ADDED. THIS STATE PLAN AMENDMENT ADDS A HOSPICE REIMBURSEMENT DESCRIPTION.

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT

☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED

COMMISSIONER, DEPT. OF HUMAN SERVICES

12. SIGNATURE OF STATE AGENCY OFFICIAL:

Kevin W. Concannon

13. TYPED NAME:

Kevin W. Concannon

14. TITLE:

Commissioner, Maine Department of Human Services

15. DATE SUBMITTED: DECEMBER 26, 2002

16. RETURN TO:

EUGENE GESSOW

Director, Bureau of Medical Services

#11 State House Station

442 CIVIC CENTER DRIVE

Augusta, ME 04333-0011

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

December 31, 2002

18. DATE APPROVED:

March 5, 2003

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

October 1, 2002

20. SIGNATURE OF REGIONAL OFFICIAL:

Margaret Leoni

21. TYPED NAME:

Margaret Leoni

22. TITLE: Acting Associate Regional Administrator, DHCH

23. REMARKS

Maine (02-19)

*Approved: 03/05/03
effective: 10/01/02*

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

Attachment 4.19-B

State: Maine

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PAYMENT RATES FOR CARE AND SERVICES OTHER THAN INFANT HOSPITAL

18. Any other medical care and any other type of remedial care recognized under State law:
- Ambulance Services - Payment is made on the basis of a fixed fee schedule.
 - Care and Services in Religious Nonmedical Health Care Institutions - The State agency will apply payment rates currently in effect under Title XVIII.
 - Skilled Nursing Facility Services to patients under 21 - See Attachment 4.19-D.
 - Emergency Hospital Services - The State agency will apply the payment rate as described in Attachment 4.19-A.
 - Personal Care Services:
 - Payment is made on the basis of a fixed fee schedule. The amount of personal care services in combination with home health services and private duty nursing services will be limited to an annual or monthly cap as determined by the Department.
 - Payment for personal care services provided by a private non-medical institution are made under contracts authorizing a capitation rate.
 - Hospice Services - Payment is made on a per diem rate for bundled services. The rates provided are at least as great as the federally specified Medicaid rate.
19. Transportation Services - Payment is made on the basis of a fee schedule.
20. Case Management Services - All payment rates for case management services are cost based with the following two exceptions:
- Case management services for individuals with disabilities and asthma: payment is based on the established fee schedule;
 - Case management services for children age birth through five: payment is based on the established fee schedule.
21. Certified family and pediatric nurse practitioners - Payment is based on the established fee schedule for Physicians' Services as described in Item 5, except that these nurses are not eligible for the physician incentive plan. See Attachment 4.19-B, Physician (and other prescribers) Directed Drug Initiative (PDDI), pages 1-b-1-d.
22. Advanced Practice Nurses other than Nurse Midwives and Certified family and pediatric nurse practitioners - Payment is based on the established fee schedule for Physicians' Services as described in Item 5, except that these nurses are not eligible for the physician incentive plan. See Attachment 4.19-B, Physician (and other prescribers) Directed Drug Initiative (PDDI), pages 1-b-1-d.
23. Maine PrimeCare Primary Care Provider Capitation Fee - Each physician who functions as a primary care provider for an enrollee in the State's Primary Care Case Management program receives \$3 per month for coordination of care and referral services.

OFFICIALTN No. 02-019

Supersedes _____

Approval Date

3/5/03Effective Date 10/01/02TN No. 02-011